



# **DOMESTIC DISTILLERY STORAGE WAREHOUSE APPLICATION**

**Contains information needed to apply for a  
Domestic Distillery Storage Warehouse Endorsement**

## Information For Completing This Application

The following is to assist you in completing your application for a Domestic Distillery Storage Warehouse Endorsement. Please review the information provided to avoid any delays in the processing of your application.

**Administrative Rules of Montana 42.12.149.** Upon approval by the department, a domestic distillery endorsement may own, lease, maintain and operate a non-contiguous warehouse for the sole purpose of storing liquor. To seek approval, the licensee shall submit a form provided by the department and include:

- (a) verification that the Alcohol and Tobacco Tax and Trade Bureau approved the licensee's registration to operate the warehouse;
- (b) verification that local building, health, and fire officials approved the warehouse for its intended use; and
- (c) proof of complete control over and possessory interest in the land and warehouse.

### Application Process

**Please Note:** Applications for a new Domestic Distillery Storage Warehouse Endorsement or transfer of location of the Domestic Distillery Storage Warehouse will need approvals from the building, health and fire code officials before we can approve this application.

*To apply for a Domestic Distillery Storage Warehouse Endorsement, you must be duly licensed in Montana as a domestic distillery and hold the appropriate Alcohol and Tobacco Tax and Trade Bureau (TTB) endorsement as a distillery.*

Once we have received your application and the Department of Justice has conducted its investigation, if both the location and applicant(s) meet state law and department regulations, we will contact you to approve the transfer or issuance of the permit.

### Additional Information Required When Completing Your Application

The types of documents that are necessary for an application to be considered complete are listed below. Review this list carefully and send us copies of the required documents along with the applicable documents for your business entity.

#### Required Documents

- Verification that the TTB approved federal registration to operate the warehouse
- Verification that local building, health and fire officials approved the warehouse for its intended use
- Lease, rent, purchase option and financing agreements or other evidence of ownership of the real property (must provide documentation of any possessory interest in property where the business is operating). Provide any other documentation to verify source of funding for purchase of the real property, if applicable, including terms.
- Floor plan (*including business name, physical address, outer dimensions, liquor storage etc.*)  
Do not send in the original blue prints, only a copy of the floor plan.

Send your completed application and all required and applicable documents to:

Montana Department of Revenue  
Alcoholic Beverage Control Division  
PO Box 1712  
Helena, MT 59624-1712

**Questions?** Call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired.



# Domestic Distillery Storage Warehouse Endorsement Application

DDWHAPP  
LCD 26  
V2 11/2018

## Section 1 – General Information

Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation, or limited liability company (LLC) list the business' name below.

Name of Applicant(s) \_\_\_\_\_  
(Same as Distillery Ownership)

Federal Employer Identification Number   -

Social Security Number     -   -

Distillery License Number   -     -     -

Business Name \_\_\_\_\_

Location \_\_\_\_\_ Mailing Address \_\_\_\_\_  
(Street Address, City, State and Zip Code) (Address, City, State and Zip Code)

Daytime Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mark this box and complete below information if you wish to have all correspondence sent to the attorney who submitted this application on your behalf.

Attorney Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Address, City, State and Zip Code)

Attorney's Email Address \_\_\_\_\_

## Section 2 – Type of Transaction and Fees

Please mark all the boxes that relate to the type of application you are completing and be sure to include the appropriate fee.

New Application

Transfer of Location

Processing Fee (required for all transactions) \$ 100

**Total Amount Enclosed**

\$ 100 Payable to:  
DOR Alcoholic Beverage Control Division

**Section 3 – Questions**

- 1. Does any applicant, member, shareholder or partner have ownership interest in a retail alcoholic beverages license, agency liquor store, beer wholesaler or table wine distributor license in any state or country?  
 Yes If yes, please explain \_\_\_\_\_  
 No
- 2. Does any person other than the applicant have financial interest in your business?  
 Yes If yes, list the name, address and give a brief description of the involvement. (Attach an additional sheet if necessary.) \_\_\_\_\_  
 No
- 3. Do you own or are you purchasing the building proposed for licensing?  
 Yes If yes, send a purchase agreement or current tax bill.  
 No If no, send a lease agreement.
- 4. Do you own the furniture, fixtures and equipment used at the location?  
 Yes  
 No If no, send a lease or purchase agreement.
- 5. Is the building ready for use?  
 Yes  
 No If no, list expected date of completion \_\_\_\_\_  
 Building is newly constructed.  
 Remodel of existing premises.

**Section 4 – Declaration and Affidavit**

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title

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